

CITY OF COVINGTON, KENTUCKY EMPLOYERS' ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD				For Year Ended Month Day Year	
Print Name & Mailing Address of Employer TO:				Account#	
				Federal ID #	
WITHHOLDING PAYMENT SCHEDULE- MONTHLY OR QUARTERLY					
Jan	April	July	Oct		
Feb	May	Aug	Nov		
Mar	June	Sept	Dec		
1st Qtr	2nd Qtr	3rd Qtr	4th Qtr		
Number of Employees as of 12/31:			Total Payments	\$	
FEE COMPUTATION					
****IMPORTANT**** Enclose Copies of Federal Forms W-2 and W-3, Transmittal of Wage and Tax Statements, or a Detailed Employee Listing with the Required Equivalent Information DUE FEBRUARY 28 Remit to: CITY OF COVINGTON 20 WEST PIKE ST Covington, KY 41011 (859)292-2180 www.covingtonky.gov		1) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3			
		2) Add Deferred Compensation Contributed by Employees			
		3) Add Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee			
		4) Total Gross Compensation (Add Lines 1 through Line 3)			
		5) Less Total Gross Compensation Paid for Service Outside City of Covington and Portion of Earnings over FICA Maximum			
		6) Taxable Compensation (Subtract Line 5 from Line 4)			
		7) Occupational License Fee (LINE 6 x 2.45%)			
		8) Total Payments Remitted			
		9) Balance Due			
		10) Penalty @ 5% per month or portion thereof, not to exceed 25%, minimum \$25			
		11) Interest @ 1% per month from Due Date			
		12) TOTAL AMOUNT DUE			
		13) Overpayment Claimed (If Line 8 Exceeds Line 7)			
		<input type="checkbox"/> Refund <input type="checkbox"/> Credit to next year estimated paymnt			
RETURN MUST BE SIGNED- I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.					
SIGNATURE		TITLE		DATE	